



City of Waukesha Parks, Recreation & Forestry

YOUTH DEVELOPMENT CHILD INFORMATION FORM SUMMER 2018

Child's Name _____

First

Middle

Last

Date of Birth ____/____/____ **Age** ____ **Grade** ____ **Program Site:** _____

Primary Parent/Guardian Email: _____

Address _____ **City** _____ **Zip** _____

Parents/Guardians

Parent/Guardian 1: _____ **Relationship:** _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Parent/Guardian 2: _____ **Relationship:** _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Parent/Guardian 3: _____ **Relationship:** _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Parent/Guardian 4: _____ **Relationship:** _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Emergency Contacts

Name _____ Relationship to Child _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Name _____ Relationship to Child _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

(More on back)

Persons Authorized to pick up Child other than Parents/Guardians:

Name _____ Phone _____ Relationship: _____
Name _____ Phone _____ Relationship: _____
Name _____ Phone _____ Relationship: _____
Name _____ Phone _____ Relationship: _____

Child Health/Behavior

Does your child have any allergies, previous serious illnesses, medications, behavioral concerns, special needs, etc.? ____Yes ____No

If yes, please explain: _____

Child's Physician _____ Phone: _____

If your child requires medication to be administered, you must complete an authorized to administer medication form.

Any other Information, you would like to share with Staff regarding your child:

Parent/Guardian Signature _____ **Date** _____

All information must be completed prior to leaving your child in with WPRF staff. All information on this form is kept in confidence and shared only with WPRF program staff and administrators. Thank you!